

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend						
1							51			/		
2							52			/		
3							53			/		
4							54			/		
5							55			/		
6							56			/		
7							57			/		
8							58			/		
9							59			/		
10							60			/		
11							61			/		
12							62			/		
13							63			/		
14							64			/		
15							65			/		
16							66			/		
17							67			/		
18							68			/		
19							69			/		
20							70			/		
21							71			/		
22							72			/		
23							73			/		
24							74			/		
25							75			/		
26							76			/		
27							77			/		
28							78			/		
29							79			/		
30							80			/		
31							81			/		
32							82			/		
33							83			/		
34							84			/		
35							85			/		
36							86			/		
37							87			/		
38							88			/		
39							89			/		
40							90			/		
41							91			/		
42							92			/		
43							93			/		
44							94			/		
45							95			/		
46							96			/		
47							97			/		
48							98			/		
49							99			/		
50							100			/		
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					